

SAN MATEO COUNTY MEDICAL ASSOCIATION

777 Mariners Island Blvd, Suite 100, San Mateo, CA 94404

(650) 312-1663 FAX: (650) 312-1664

PEER REVIEW FORM

All recommendations by peer review committees are advisory only. We cannot review your complaint if a **lawsuit** has been undertaken or if it involves a **Workers' Compensation** matter. If the treating physician is not a SMCMA member, our ability to be of service may be limited.

While the SMCMA will attempt to mediate this dispute, it has no authority to take action against a physician's license. The Medical Board of California is the only authority in the state that may take disciplinary action against the license of the physician who is the subject of your complaint. The toll-free number of the Medical Board is 1-800/633-2322, and the Medical Board is located at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825-3236.

PLEASE TYPE OR PRINT

1. Does your complaint involve: Fees Insurance Conduct/Ethics
 2. Name of Patient: _____
Mailing Address: _____
Telephone: (Home) _____ (Work) _____
 3. Name(s) of physician or organization(s) you have a grievance against.
A. _____
Address _____ Telephone _____
B. _____
Address _____ Telephone _____
 4. Have you discussed your problem with the physician and/or office staff named above? Yes No
 5. Have you filed a lawsuit concerning this problem? Yes No
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6. If you are registering this complaint for the patient, answer the following:
Your Name: _____
Your Address: _____
Your Telephone: (Home) _____ (Work) _____
Your relationship to the patient: _____
Reason patient is not filing complaint: _____

PLEASE COMPLETE THE FORM ON THE REVERSE

